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ABSTRACT

Current literature about how children grieve and various implications for counseling are discussed. In reviewing the literature available concerning how children grieve, it is evident that the articles cover three distinct areas important for consideration. These include information that addresses children's developmental understanding of death and how this influences the way they grieve (the concept of death in children develops over time in three distinct, identifiable stages--0-5, 5-10, 10 through adolescence--each with characteristic perceptions); the specific knowledge about how children grieve including how it differs from adult grief, phases, and common themes and symptoms unique to grieving children; and the many variables mentioned in the literature that affect how children grieve, such as how the adults in the child's life handle grief, and the circumstances of death. These three areas together form a comprehensive framework for understanding the nature of children's grief. Counseling strategies are addressed in four ways: the qualities of a counselor who decides to help children with griefwork; the different elements important to grief counseling; techniques and activities that have proven to be helpful in this work; and parent consultation. The report concludes that given the broad array of losses children may experience before age 18, such as death, divorce, and change of residence, it is important for counselors and other significant adults in children's lives to be knowledgeable about how children grieve and about grief counseling in order to better identify and support those experiencing loss. (ABL)

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How Children Grieve:

Implications for Counseling

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Running head: HOW CHILDREN GRIEVE/IMPLICATIONS FOR COUNSELING

Abstract

Current literature on how children grieve and various implications for counseling are discussed. This review is intended to inform concerned parents, significant adults and counselors dealing with grieving children, so they may better facilitate healthy mourning in children.

The literature addresses children's developmental concept of death, aspects of grief and variables effecting grief, as well as counseling strategies utilized in griefwork and the importance of parent consultation.

How Children Grieve:
Implications for Counseling

American children encounter loss quite frequently in modern society. It is estimated that one-third of American children will spend the first 18 years with only one parent, 1 in 20 will lose a parent by death before 18 , 1 in 5 families will move each year (Hayes, 1984), and that by 1990, 1 in 3 children under 18 will have divorced parents (Cantrell, 1986). Also there are the natural losses families experience that few children can escape as a part of growing up, such as change of friends, loss of a pet, or birth of a new sibling. It is now acknowledged that "grief is a normal reaction to loss, whether a person, place, thing or idea" (Fox Valley Hospice, 1987, p.1), and for children, "no matter how trivial the loss, the same process must be gone through each time" (Jewett, 1982, p. xiii).

In the past it was assumed children were unable to grieve because adults assumed they have no concept of death, cannot comprehend the loss, and will be unable to handle the pain of loss (Schell & Loder-McGough, 1979). However, information collected examining children's developmental understanding of death (Nagy, 1959) has enabled us to better understand how a child's concept of death develops over time and that children do grieve in their own way, based on their developmental understanding (Bowlby, 1980; Center for Grieving Children, 1987; Fleming, 1985;0).

Much of the literature which addresses grief in children stresses the vital role the adults in the child's life play in facilitating griefwork in the child (Bowlby, 1980; Fleming, 1985; Kliman, 1979; Osterwiess, Soloman & Green, 1984). Parents are understandably the most important adults for children at the time of a loss (Bowlby, 1980; Grollman, 1967; Johnson, 1989; Lonetto, 1980), while mental health professionals can be necessary adults for a family in crisis (Greenberg, 1975; Jewett, 1982). It is therefore crucial that counselors and parents familiarize themselves with how children conceptualize death and loss, how children grieve, and what concerned adults can do to facilitate healthy mourning in children. This paper's intent is to review the literature on how children grieve and the implications this information has for counseling, to assist concerned adults dealing with children who have experienced loss.

Review of Literature

In reviewing the literature available concerning how children grieve, it is evident that the articles cover three distinct areas important for consideration. First, information that addresses children's developmental understanding of death and how this influences the way they grieve; second, the specific knowledge about how children

grieve, including how it differs from adult grief, phases, and common themes and symptoms unique to grieving children; third, the many variables mentioned in the literature that effect how children grieve, such as how the adults in the child's life handle grief, and the circumstances of death. These three areas together form a comprehensive framework for understanding the nature of children's grief.

Children's Concept of Death

There appears to be general agreement in the literature reviewed for this paper that it is important to understand children's concept of death in order to comprehend the nature of their grief (Center for Grieving Children,1987; Fox Valley Hospice, 1987; Osterweiss, Soloman & Green, 1984; Salladay & Royal, 1981; Watson, 1989). In the past it was often assumed that children must have a mature concept of death in order to grieve, an idea heavily influenced by Freudian theory. In the psychoanalytic framework, mourning requires the ability to: separate self from the love object, have a mental representation of the deceased person (Osterweiss,Soloman & Green, 1984), tolerate painful emotion through ego strength, accept loss as permanent and develop new ties after a loss (Fleming,1985) . Because the Freudians assumed that grief requires such sophisticated death concepts, in the past children have often been overlooked as a population who grieves (Schell & Loder-McGough, 1979).

In more recent years the developmental theorists have posited that children perceive death in ways different than that of adults. These differences are due to children's limited cognitive structures, their unique perceptions (Salladay & Royal, 1981) and their difficulty in comprehending finality and causality (Arthur & Kemme, 1964). This acknowledgement by the developmentalists has profound implications for children's grief theory. By focusing on the differences between child and adult death concepts, the developmentalists have challenged the psychoanalytic premise and given validity to the ability of children to perceive death in a non-adultlike way and hence, grieve in their own way.

Developmental Theory

Much of the current literature relies on the developmental theories of Piaget and Erikson, and the pioneering work of Nagy (1959) to explain a child's concept of death (Bahmueller, 1988; Fleming, 1985; Hayes, 1984; Jewett, 1982; Salladay & Royal, 1984; Schell & Loder-McGough,1979; Wass & Corr, 1982; Worden, 1982). There is general agreement that the concept of death in children develops over time in distinct, identifiable stages, each with characteristic perceptions.

Stage One: Birth to Age Five. Generally, birth to age five was recognized as a first conceptual stage in the understanding of death. The often-cited researcher Nagy

(1959), who studied 378 children in Budapest to determine their concept of death, labeled this stage "There is no definite death" (p.81). At this age, there is no cognitive acknowledgement or realistic picture of the permanence, the irreversibility of death. Death is often seen as an altered state of life, and is thought about in a magical way or as a magical place. As one college student relates about the death of her brother, "at the time it seemed magical, not sad. I was 4 and I believe what they told me about him being in heaven and that I would see him again"(Bredenberg, 1990, p.1). Supernatural ideas of heaven and spirits are popular at this age for they help support the idea that the person is "living" somewhere else and may return; young children even worry about how the corpse survives in the coffin. It is an age when children easily blame themselves and circumstances for what has happened. Seemingly unrelated events or behaviors the child engaged in before the loss are often given great significance, for they are seen as tangible explanations for the causality of the loss (Arthur & Kemme, 1964; Wass & Corr, 1982).

Stage Two: Ages Five to Ten. The next stage identified in current literature includes children ages five to ten. In developmental terms, it is an important time when children acquire concrete thinking skills, and desire a sense of autonomy (Salladay & Royal, 1981). The effect this has on the child's concept of death is profound: some magical thinking continues, but their new cognitive

abilities are helping them grapple with the difficult concepts of finality and causality. Children at this age want to continue believing death is reversible, but are beginning to understand death's permanence (Watson, 1990). Schell & Loder-McGough (1979) argue that children at this time are extremely vulnerable because, while they are only beginning to understand the concept of death, they can now comprehend the pain of the loss.

Children at this stage also begin to wonder more about how death occurs and what happens to the body after death. This information is vital to their cognitive processing of the event. As one girl, age ten said, "I'd like to know just what happened and how it happened. It would help me believe it really did happen" (Krementz, 1982, p.57). Nagy (1959) labelled this time "the personification of death"(pg.89), for she discovered that many children viewed death as a personage, waiting to take people away. Many fears at this time are focused on the decomposition process and possible disfigurement of the body (Schell & Loder-McGough, 1979; Wass & Corr, 1982), and some children need to ask many questions to alleviate these fears.

A common theme found in the personal accounts of children who have experienced loss at this stage but overlooked in the theoretical literature, is a child's extreme sensitivity to the feelings and thoughts of the adults around them (Juneau, 1988; Krementz, 1982; Webb, 1979). Many children mentioned not asking questions for

fear of upsetting an adult, while others ruminated and felt deeply without sharing this with adults (Krementz, 1982). As one nine year old shared, "I was crying hard inside but only a few tears rolled down" (Juneau, 1988, p.68). Another concern of this age often mentioned in personal accounts was the need to be accepted and treated normally by peers : "It would help if your friends could just play with you and treat you like a normal person" (Krementz, 1982, p.33).

Stage Three: Age Ten Through Adolescence. The last stage in considering a child's concept of death includes children from age ten through adolescence. It is in these years that the reality of death becomes comprehensible, as children can better think abstractly about themselves and the world. Nagy (1959) named this stage "Cessation of Bodily Activities" (pg. 96), because of the children's more sophisticated understanding of the biological realities of disease and death. Teenagers can now theorize about an afterlife with their new cognitive abilities, not in a magical way to explain causality but as a matter of personal belief (Sallady & Royal, 1981). It is a time when philosophic questions about life and death are now possible and frequent (Watson, 1990). In this stage the reality of death's permanence is felt, yet ironically, the children's idealism of the future makes their own death a possibility, but incomprehensible (Wass & Corr 1982). Many of the developmental gains of this period are highlighted in this quote from a paper written by a college-age girl:

> Not until years later did I sometimes lay awake at night--staring into the shadows and sobbing. Because I finally realized that even if they hadn't lied about heaven, it was still a long way off...and there was nothing magical about living without Ricky for the rest of my life (Bredenberg, 1990, p.1).

Developmental theory and research on how children perceive death has helped give validity to children's unique understanding of death. These distinct stages show the growing awareness children develop as they age, beginning with a very limited understanding of the finality and causality of death to the more sophisticated ability to comprehend the reality of death, the complexity of emotions and a host of philosophical questions. Understanding this development in children is essential for grasping the unique nature of their grief, which is also developmental in nature.

How Children Grieve

The articles that specifically address the nature of children's grief generally discuss four important aspects. First, how children's grief differs from adult's, based on their unique concepts of death; second, the phases of their grief; third, emotional themes commonly occurring for

bereaved children; and fourth, normal physical, cognitive and behavioral reactions to a loss.

How Children's Grief Differs From Adult's

Although very different from adult concepts, it is clear that children do conceptualize death at an early age, and develop a more realistic picture as they reach adolescence. As a result, it is recognized that ,"children do mourn and what is needed is to find a model of mourning that fits children rather than imposing an adult model" (Bowlby,1980, p.101). John Bowlby (1980) has done extensive research on how even very young children react to loss, and has pioneered the development of such a model. He has observed that the profound differences in adult and child grief are related to a child's limited understanding of the world and their incredible vulnerability, and cites these distinctions: adults have learned they can survive without the constant presence of another, while children have not; adults can seek out a support network for themselves, while children are left with what is given them; adults have room to grieve in their own way, while children are heavily influenced by the way the adults around them grieve and the expectations about grieving placed on the child .

Some unique characteristics of the grief of children that distinguishes it from that of adults are: children are repetitive in their grief, needing to ask questions and talk about similar issues again and again; they act their

feelings out physically; and they always grieve as part of a family, not in isolation (Center for Grieving Children, 1987). Another interesting quality is the cyclical nature of their grief, for they process their losses at each developmental level with the improved skills and acquired knowledge each new level brings (Center for Grieving Children, 1987; Fox Valley Hospice, 1987). This can be seen by comparing the examples from Bredenberg's (1990) work: while the girl feels only the magic of Ricky's death at four, she feels the reality of the loss with the skills of a young adult when in college.

Phases of Children's Grief

A number of sources have attempted to develop a framework for the phases of children's mourning (Bowlby, 1980; Fox Valley Hospice, 1987; Jewett, 1982; Salladay & Royal, 1981), which occur to differing degrees at all developmental levels. Presented here are three phases identified by Jewett (1982):

Early Grief. The initial phase immediately following a loss which Jewett calls "Early Grief" (1982, p.25) is characterized by shock, disbelief, a sense of panic and alarm as the child's vulnerability becomes apparent, and denial, with repeated references to the return of lost person, object, etc. Bowlby (1980) also noted in very young children strong protest even in temporary separation from the mother with much crying and shouting. This phase can be

viewed as the time children attempt to cope with an overwhelming change in their reality.

Acute Grief. After this initial shock has passed, The next phase, "Acute grief" (Jewett, 1982, p.32) comes, characterized by an array of strong emotions from anger to despair, and feelings and behaviors suggesting intense searching and yearning. The child may be preoccupied, restless, want to bargain for the return of the lost person or object, and be very disorganized. It is often this phase which lasts the longest and is the most difficult one for the children and the adults close to them.

Integration of Loss and Grief. The final phase which Jewett labels "Integration of loss and grief"(1982, p.40) is a time when the children reorganize and integrate the loss into their lives, and seek meaning in the loss (Fox Valley Hospice, 1987). Acceptance and a sense of relief and strength for having survived are also common (Fox Valley Hospice,1987; Salladay & Royal, 1981), while Bowlby (1980) noted a detachment and withdrawal by children in this phase.

So generally, the literature suggests an initial period of shock and alarm, followed by a time of confusion and strong emotion, with a resolution of sorts as the loss is integrated and accepted. One commonly misunderstood aspect of the grief process is its longevity : Jewett (1982) contends it takes six to twelve weeks for the worst pain to diminish, and two years or more for the entire process to unfold. Worden (1982) supports this by saying griefwork

takes at least one year, with two years not considered extreme. The personal accounts of children (Juneau,1988; Krementz, 1982; Webb,1979) generally follow this theoretical framework, but with distinct acknowledgement that each child grieves in a unique way within the phases and time frame. For example, a number of children articulated a sense of disbelief about death even years after the loss, when theoretically the initial phase is long past, and the entire process is presumably complete. As this 12 year old says, two years after a death, "It is still hard for me to believe it really happened"(Krementz, p.3).

Common Themes for Grieving Children

Much of the literature discusses the large array of feelings experienced by children who are grieving and what emerges are some general emotional themes seen in many of these children .

Abandonment. The most commonly cited theme for grieving children is the feeling of abandonment, especially with the death of a parent. (Arthur & Kemme, 1964; Bowlby, 1980; Center for Grieving Children, 1987; Fleming, 1985; Fox Valley Hospice, 1987; Jewett, 1982; Salladay & Royal, 1981; Watson, 1990). Children experience a wide array of strong feelings related to this theme: great anger and bitterness, assuming the leaving was purposeful; worthlessness and shame, assuming the parent did not care; fear of separation from surviving adults and lack of trust; sadness;

loneliness, yearning and pining. As one 16 year old girl says after the death of her mother,"It's a terrible feeling that a parent has died and left you alone" (Krementz, 1982, p.47).

Blame. Blame is another common theme for children grieving (Center for Grieving Children, 1987; Fox Valley Hospice, 1987; Hayes, 1984; Jewett, 1982; Johnson, 1989; Krementz, 1982; Watson, 1989). As noted in the above discussion of children's developmental understanding of death, causality is problematic for children, especially before age nine or ten. Reasons are needed for tangible, concrete explanations and blame is a natural outgrowth: magical causes are imagined and children give power to words, thoughts and events occurring close to the loss. Feelings that occur related to a sense of blame include: guilt, remorse and self-blame for things said, action taken or not taken; anger at self, deceased or others; frustration; hatred; great sadness (Center for Grieving Children, 1987; Fox Valley Hospice, 1987; Watson, 1989).

Vulnerability. Vulnerability is also a common theme, for often a loss that changes some significant aspect of the child's world upsets their sense of control and security in the world they knew (Jewett, 1982; Watson, 1989). Fears of others dying, going new places, and catastrophies happening are quite common and children seek constant reassurance. Other related feelings are: intense love for the survivors;

panic and helplessness; anxiety; despair; confusion and disorganization.

Reactions to Grief in Children

Just as there are a broad array of feelings that can occur during a child's griefwork, there are also a host of physical, cognitive and behavioral symptoms that arise, unique to the individual and all quite normal (Center for Grieving Children, 1987; Osterweiss, Soloman & Green, 1984; Worden, 1982). Eating, sleeping and bowel disturbances are quite common, as are pains, breathing difficulties, tightness in chest or throat, fatigue, and oversensitivity to noise . Cognitive disruptions include disturbing dreams, various phobias, idealization of deceased or lost object, and hallucinations of seeing the deceased. Behavioral signs of grief can be withdrawal, restlessness, uncontrollable crying, or a need to take care of others.

As the picture of how children grieve unfolds, it can be seen that children's developmental understanding of death fosters a particular way of grieving. It is quite different from adult grief, has identifiable phases, and is manifested by a number of emotional themes and an array of physical, cognitive and behavioral reactions. As noted earlier, children never grieve in isolation and hence, these perceptions and distinct ways of grieving are also subject to many variables that are important in understanding the complete picture of grief in children.

Variables Effecting Children's Grief

Children are a particularly vulnerable group at the time of a significant loss, because of their dependence on others for care, their lack of experience, and their sensitivity to the thoughts and feelings of the adults around them (Bowlby, 1980; Krementz, 1982). Consequently, there are a number of variables discussed in the articles that have a great impact on the griefwork of children. Five significant variables are discussed briefly here: how the adults around the child handle the loss; the developmental stage the child is in at the time of the loss; the type of relationship the child had to the deceased; the quality of support systems available to the child; and the circumstances surrounding the death.

How Adults Handle the Loss

"Nothing can be more crucial to the mourning work of a child than the mourning work of the adults around him and their attitude toward his work" (Kliman, 1979, p.78). Many sources emphasize the important role played by the adults around the children, especially the parents (Bowlby, 1980; Center for Grieving Children, 1987; Fox Valley Hospice, 1987; Grollman, 1967; Kliman, 1979; Osterweiss, Soloman & Green, 1984; Salladay & Royal, 1981). Given the reality that the adult survivors of the loss are experiencing their

own griefwork, it is not surprising children are so greatly effected.

Bowlby's Factors. Bowlby (1980) cites three factors concerned with how adults handle loss and the effects on children's griefwork. The first is when and what the child is told about the loss. Bowlby (1980) advocates open, honest and clear communication about all details, in terms the child can understand. Well-meaning adults sometimes keep information from the child, believing this will save them from pain, but this "protective strategy" (Fleming, 1985, p.209) often leads to confusion and fear. Open discussion without vagueness or euphemisms is considered healthier for the child. (Grollman, 1967; Jewett, 1982).

The second factor cited by Bowlby (1980) is how the survivors respond to the loss, for at this crucial time children rely on adults as their role models in facing the challenge of grief. Adults are often afraid of their feelings and hence advertently or inadvertently discourage children from expressing their own feelings. This factor was supported by many of the children Krementz (1987) interviewed, who mentioned a reluctance to express their feelings, for fear of upsetting the surviving parent. Children need to see the open expression of grief in its many forms, to validate their grief and encourage the process (Grollman, 1967; Watson, 1990).

The last factor Bowlby (1980) cites is how the adults expect the child to respond to the loss. Traditionally it

was believed children were not strong enough to cope with loss, and many expectations developed surrounding the expression and supression of feelings. Sallady & Kemme(1981) coined the term "emotional blackmail" (p.208) to describe the following phenomenon: adults expect the children to behave in a certain way and judge their behavior as inappropriate when they do not measure up to the standards. Understandably, this can be confusing and devastating for the child. Difficult as it may seem, it is vital the parent,"befriend the child's grief" (Fleming, 1985, p.215), by accepting the child's own unique way of grieving as a valid one.

Age of the Child

The age, developmental stage and emotional stability of children at the time of the loss, including past history of loss and their coping mechanisms has a great effect on children's grieving. Children under five are at greater risk than older children because of their limited understanding and great need for care (Bowlby, 1980; Fleming, 1979; Fox Valley Hospice, 1987; Osterweiss, Soloman & Green, 1984). Also, there is some evidence that children who loose their same sex parent are at greater risk (Osterweiss, Soloman & Green, 1984).

Relationship to the Deceased

The quality and nature of relationship the children have to the deceased is another important variable. Research

suggests that the closer the relationship to the deceased, the more difficult the loss; griefwork is smoother when the relationship was strong and secure rather than wrought with tension (Bowlby, 1980; Osterweiss, Soloman & Green, 1984).

Support Systems

The quality of the support systems available to children at the time of the loss can have a great impact as well. Children fare better when the adults around them grieve appropriately; when survivors do not depend solely on the child for support; when the environment is stable; when there is consistent and loving caretaking; when other relationships can continue; and when they are included in the family grief rituals (Fox Valley Hospice, 1987; Jewett, 1982; Osterweiss, Soloman & Green, 1984).

Circumstances of Death

The circumstances of the death or loss is the last variable often mentioned in the literature. Sudden death, for example, is more difficult and suicide is the most difficult for the survivors (Osterweiss, Soloman & Green, 1984; Worden, 1982). Interviews with grieving children, however, suggest that open communication can improve even these difficult situations (Krementz, 1982).

Summary

The broad array of articles reviewed in this section point out the complexity and uniqueness of the way children

grieve, and the three components of knowledge that are needed to understand the complete picture. Initially, and perhaps most essentially, a developmental understanding of how the concept of death unfolds for children as they age is necessary to understand their grief. Next, the specifics of how children grieve, such as the phases of grief and how it manifests itself emotionally, physically and behaviorally, is also important. Lastly, some of the variables that effect griefwork for children is a vital component for those wishing a broad understanding. These three areas covered in this section have hopefully given the reader a sense of what concerned adults should know in order to help children grapple with their grief, and have provided the foundation needed for mental health professionals interested in supporting these children through counseling.

Implications for Counseling

This information on children's concepts of death, how they grieve and variables effecting the grief's outcome have profound implications for counseling, and a number of the articles reviewed for this paper specifically address the importance of counseling for some families (Greenberg, 1975; Hayes, 1984). Although many children and their families successfully grieve without outside support, others have a more difficult time because of the presence of unfavorable variables or recent losses that trigger unresolved feelings

about a past loss (Jewett, 1982). In these instances, counselors can employ a variety of counseling strategies to help facilitate "healthy griefwork," defined as the successful completion of the phases of grieving (Greenberg,1975; Jewett, 1982).

Counseling Strategies

Specific counseling strategies will be addressed in four areas: the qualities of a counselor who decides to help children with griefwork, the different elements important to grief counseling, and techniques and activities that have proved helpful in this work and parent consultation.

Qualities of the Counselor

A number of sources stress the importance of the counselor's manner, self awareness and knowledge of bereavement in counseling grieving children (Greenberg, 1975; Grollman, 1967; Hayes, 1984; Warmbrod, 1986; Watson, 1990; Worden, 1982). Griefwork with children is such a sensitive area it is essential that those working with these children be in touch with their own feelings, especially grief around past losses, feared losses and personal mortality. For a counselor, communicating clearly and effectively is also important, with an openness to all the child's feelings, frequent eye contact and physical closeness. Often the counselor's manner is more important than any words used. Finally, personal accounts of grieving children (Juneau, 1988; Krementz, 1982; Webb,1979) suggest

the importance of discovering how each individual child grieves, and what would be most helpful for that individual.

Elements of Grief Counseling

Both individual and group counseling have been suggested as ways of supporting grieving children (Bahmueller, 1988; Center for Grieving Children, 1987; Greenberg, 1975; Jewett, 1982; Warmbrod, 1986). Some authors identify stages in the counseling process, some pinpoint topics for discussion and others suggest techniques to be used. All, however, recognize the importance of the following elements in grief counseling:

1. A time for announcing or telling the story of the loss, including the details of when and how it occurred, feelings about how the child found out and what part the child played in the family rituals.

2. A time for remembering the lost person, place or thing, including positive and negative qualities, times that were important or painful, things the child and the deceased did together, and acknowledging the times when the person, place or thing is most missed.

3. A time for expressing feelings of all kinds, in all their strength.

4. A time for renewal and looking toward the future, which means thinking about the child's strengths and coping skills, identifying support systems for the child,

anticipating the difficulty of anniversaries and holidays, and the return of hope.

Techniques and Activities

Quite an array of techniques and activities were suggested to encourage griefwork in children. Some authors suggested various writing activities such as journal keeping, writing poems, making books of feelings (Watson, 1990) or drawing a time line with important dates and events (Jewett, 1982). Others authors rely on different drama activities, such as blowing away feelings with bubbles, releasing angry feelings physically, the use of puppets (Watson, 1989),or guided imagery (Bahmueller, 1988). Art activities such as collage making, clay, painting, and drawing were also mentioned (Jewett, 1982; Watson, 1990).

Consultation with Parents

A number of sources provide suggestions for parents in encouraging their own and their child's grief, acknowledging the importance of the adult's attitude in healthy grieving for the child. This is significant information for the counselor, as it implies including the parents in the grief counseling, if only in a consultative role. The suggestions largely are echoes of the above-mentioned strategies for effective griefwork and counseling, and are directly related to the variables that effect children's mourning.

Open communication between parent and child is essential for healthy grieving. This begins with honest and

straightforward information giving, without euphemisms, about the circumstances of the death or loss. (Grollman, 1967, Watson, 1990). Often the information cannot be given all at once, and the child may not respond immediately or obviously (Lonetto, 1980). Parents are advised to be available for the questions and wonderings of the child and exhibit patience when these are repeated frequently (Fleming, 1985; Grollman, 1965; Lonetto, 1980). Communication also includes the many nonverbal reassurances the child needs at this time: physical closeness, warmth and love, and consistency in caretaking and discipline (Fleming, 1985; Grollman, 1965).

Creating an environment that encourages the free expression of feelings is also stressed in the literature. This means not only allowing the children to express feelings, but the parents freely expressing their emotions as well (Grollman, 1967; Watson, 1990). Parents are encouraged to: allow both positive and negative memories of the deceased; be honest when certain topics are too hard to discuss at a particular time; and reassure the children that they can ask about anything, no matter how upsetting.

Finally, children's attendance at funerals was an often-addressed topic in the literature, with most supporting the notion that children should be encouraged to attend (Greenberg, 1975; Grollman, 1967; Salladay & Royal, 1981; Wass & Corr, 1982; Watson, 1989). These authors contend funeral attendance is a way for the child to be part

of the family grief, it solidifies the child's place in the family, helps the child accept the finality of death, and provides a place to publicly grieve. Osterweiss, Soloman & Green (1984) suggest children be encouraged but not forced to attend. This should be accompanied by a careful explanation beforehand of all the details of the service, and the freedom to leave at any point. This idea is supported by the personal accounts of children, in which funeral attendance was helpful for some, too upsetting for others, and missed by those who were not able to attend (Juneau, 1988; Krementz, 1982). In short, children have unique needs at this time, and their needs and wishes should be considered when the decision to attend a funeral is made.

Counselors involved with grieving children can encourage healthy griefwork by their manner, being aware of the elements of grief counseling, and by realizing the importance of parent consultation at the time of a loss. In this way, these counselors can be an invaluable resource for children at a difficult time.

Conclusions

Given the broad array of losses children may experience before age eighteen, such as death, divorce and change of residence, it is important for counselors and other significant adults in children's lives to be knowledgeable about how children grieve and grief counseling

in order to better identify and support those experiencing it. With this information, counselors can fulfill an important responsibility by identifying grieving children and helping them learn healthy griefwork. Counselors can accomplish this by being informed about children's grief, utilizing counseling strategies for successful griefwork, and insisting on parent consultation when a loss has occurred. These interventions could mean the difference between children who carry unresolved grief indefinitely, and those who can face the challenge of their grief with support and finally, resolution.

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